

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Leadership That Listens PAC

ADDRESS (number and street) ▼

P.O. Box 44084

☐ Check if different than previously reported. (ACC)

Fort Washington

MD

20749

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00456905

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Jeremiah B Pope

Signature of Treasurer

Mr. Jeremiah B Pope

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Leadership That Listens PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01 | | 01 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 03 | | 31 | | 2014 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div> | | <div><div></div><div>4251.41</div></div> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <div><div></div><div>4251.41</div></div> | |
| (c) Total Receipts (from Line 19) | <div><div></div><div>23000.00</div></div> | <div><div></div><div>23000.00</div></div> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <div><div></div><div>27251.41</div></div> | <div><div></div><div>27251.41</div></div> |
| 7. Total Disbursements (from Line 31)..... | <div><div></div><div>22195.00</div></div> | <div><div></div><div>22195.00</div></div> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <div><div></div><div>5056.41</div></div> | <div><div></div><div>5056.41</div></div> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Leadership That Listens PAC

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 01 | / | 01 | / | 2014 |

To:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

20500.00

20500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20500.00

20500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

23000.00

23000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

23000.00

23000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23000.00

23000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 3195.00 | 3195.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3195.00 | 3195.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 18000.00 | 18000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 1000.00 | 1000.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 22195.00 | 22195.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 22195.00 | 22195.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 23000.00 | 23000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23000.00 | 23000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 3195.00 | 3195.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 3195.00 | 3195.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Ms Anne Bartley

Mailing Address 3580 Clay Street

City State Zip Code
 San Francisco CA 94118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014

Transaction ID : SA11AI.5295

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ms Patricia Bauman

Mailing Address 2358 Massachusetts Ave NW

City State Zip Code
 Washington DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Bauman Foundation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5299

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mr. John Landrum Bryant

Mailing Address 2358 Massachusetts Ave NW

City State Zip Code
 Washington, DC DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Bauman Foundation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11AI.5300

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Ms Adelaide Park Gomer

Mailing Address 513 Wyckoff Rd

City

Ithaca

State

NY

Zip Code

14850-2309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Foundation

Occupation

Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5293

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Ms Gail Harmon

Mailing Address 4225 Lenore La NW

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

HarmonCurranSpielbergEisenberg

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2014

Transaction ID : SA11AI.5294

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

20500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 WILSON BLVD
 SUITE 1500

City State Zip Code
 ARLINGTON VA 22209

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / **15** / **2014**

Transaction ID : SA11C.5297

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Leadership That Listens PAC

A. ACTBLUE

Mailing Address P.O. Box 382110

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Cambridge | ME | 02238-2110 |

| Purpose of Disbursement | |
|-------------------------|-----|
| 1 | 2 |
| 3 | 4 |
| 5 | 6 |
| 7 | 8 |
| 9 | 10 |
| 11 | 12 |
| 13 | 14 |
| 15 | 16 |
| 17 | 18 |
| 19 | 20 |
| 21 | 22 |
| 23 | 24 |
| 25 | 26 |
| 27 | 28 |
| 29 | 30 |
| 31 | 32 |
| 33 | 34 |
| 35 | 36 |
| 37 | 38 |
| 39 | 40 |
| 41 | 42 |
| 43 | 44 |
| 45 | 46 |
| 47 | 48 |
| 49 | 50 |
| 51 | 52 |
| 53 | 54 |
| 55 | 56 |
| 57 | 58 |
| 59 | 60 |
| 61 | 62 |
| 63 | 64 |
| 65 | 66 |
| 67 | 68 |
| 69 | 70 |
| 71 | 72 |
| 73 | 74 |
| 75 | 76 |
| 77 | 78 |
| 79 | 80 |
| 81 | 82 |
| 83 | 84 |
| 85 | 86 |
| 87 | 88 |
| 89 | 90 |
| 91 | 92 |
| 93 | 94 |
| 95 | 96 |
| 97 | 98 |
| 99 | 100 |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.5302

Amount of Each Disbursement this Period

395.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeremiah B Pope

Mailing Address 10503 Sweetbriar Parkway

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Silver Spring | MD | 20903 |

| Purpose of Disbursement |
|-------------------------|
| Fundraising Consultant |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement

Transaction ID : SB21B.5303

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeremiah B Pope

Mailing Address 10503 Sweetbriar Parkway

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Silver Spring | MD | 20903 |

| Purpose of Disbursement | Fundraising Consultant |
|-------------------------|------------------------|
| | |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Date of Disbursement



Transaction ID : SB21B.5306

Amount of Each Disbursement this Period

1250.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2145.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Leadership That Listens PAC

00.

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

1050.00

3195.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. ANN CALLIS FOR CONGRESS

Mailing Address 517 CHAPMAN ST

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| EDWARDSVILLE | IL | 62025 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: IL District: 13

| |
|--|
| Disbursement For: 2014 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 27 | / | 2014 |

Transaction ID : SB23.5320

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. CANNON FOR CONGRESS

Mailing Address PO BOX 954

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| TRAVERSE CITY | MI | 49685 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: MI District: 01

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5332

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. Citizens for Michael Wager

Mailing Address P.O. Box 779

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Chagrin Falls | OH | 44022 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5337

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 2500.00 |
|---------|

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Debbie Dingell for Congress

Mailing Address P.O. Box 746

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Dearborn | MI | 48121 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5334

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEEMailing Address 430 South Capitol Street, SE
2nd Floor

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Dues Payment

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 07 | / | 2014 |

Transaction ID : SB23.5314

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. ERIN BILBRAY FOR CONGRESS

Mailing Address 9101 W SAHARA AVE STE 105 B20

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| LAS VEGAS | NV | 89117 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NV District: 03

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 27 | / | 2014 |

Transaction ID : SB23.5318

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| 7000.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| EAST MOLINE | IL | 61244 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: IL District: 17

| |
|--|
| Disbursement For: 2014 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5330

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. HORSFORD FOR CONGRESSMailing Address 6100 ELTON AVE.
SUITE 1000

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| LAS VEGAS | NV | 89107 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NV District: 04

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5326

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. KEEP NICK RAHALL IN CONGRESS COMMITTEE

Mailing Address P O BOX 64

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| BECKLEY | WV | 25801 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: WV District: 03

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 26 | / | 2014 |

Transaction ID : SB23.5315

Amount of Each Disbursement this Period

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|---------|
| 1000.00 |
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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| 2500.00 |
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. KIRKPATRICK FOR ARIZONA

Mailing Address PO Box 993

| | | |
|------------------|-------------|-------------------|
| City Prescott | State AZ | Zip Code 86302 |
|------------------|-------------|-------------------|

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 01

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5325

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Full Name (Last, First, Middle Initial)

B. RANGEL FOR CONGRESS

Mailing Address PO BOX 5577

| | | |
|------------------|-------------|-------------------|
| City NEW YORK | State NY | Zip Code 10027 |
|------------------|-------------|-------------------|

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 15

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 26 | / | 2014 |

Transaction ID : SB23.5317

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. RON BARBER FOR CONGRESS

Mailing Address PO BOX 57715

| | | |
|----------------|-------------|-------------------|
| City TUCSON | State AZ | Zip Code 85732 |
|----------------|-------------|-------------------|

Purpose of Disbursement

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 02

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5322

Amount of Each Disbursement this Period

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|--------|
| 500.00 |
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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

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| 2000.00 |
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Trivedi for Congress

Mailing Address 959 Firetower Rd

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Birdsboro | PA | 19508 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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| 03 | / | 31 | / | 2014 |

Transaction ID : SB23.5339

Amount of Each Disbursement this Period

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| 1000.00 |
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B.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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| M M M | / | D D D | / | Y Y Y Y Y Y |
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

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| | 21b | | 22 | | 23 | | 24 | | 25 | | 26 |
| | 27 | | 28a | | 28b | | 28c | | X 29 | | 30b |

FEC Schedule B (Form 3X) Rev. 02/2003